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ABSTRACT OF A REGISTRY

KEPT FOR SOME YEARS

IN THE

Lying-in Hospital of Dublin ;

(1787-93)

BY

JOSEPH CLARKE, M. D.

HONORARY FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND M. R. I. A.

THE Registry, from which the preceding abstract is taken, was kept by my assistants in the hospital, and for the most part under my own inspection. The occurrences of every twenty-four hours were noted daily, at an early hour. Patients who died, labouring under doubtful symptoms, were examined by dissection, whenever permission to do so could be easily procured from their friends.

Of every death and dissection a short note was made in the Registry, generally by myself. Upon the whole, therefore, I am inclined to consider what is here offered to public notice as a collec-

tion of matters of fact, or at least as near an approximation to truth, as the nature of such subjects will permit.

With the view of rendering these facts more useful to the inexperienced, I have subjoined some short practical remarks.—By these means, it is hoped, accurate ideas will be conveyed to the reader, of what actually passed in the hospital, during the period it was entrusted to my care. Having suppressed nothing, my errors may possibly prove instructive.

Fully aware of the unavoidable imperfections, in all such attempts, the question of the propriety of publishing this Essay is submitted to my associated brethren of the King's and Queen's College of Physicians.

Rutland Square,
May 1817.

Natural Labours.

On the subject of *ordinary* Natural Labours, I have little to add to the excellent precepts clearly laid down some years ago, by Mr. White of Manchester; and still later by Dr. Osborne of London. With the former, I am persuaded, it contributes greatly to the safety of the mother and child, to allow the uterus *gradually* to empty itself during

delivery, first by expelling the head of the fœtus and afterwards the shoulders and body, by subsequent pains, with little or no aid. It is of some importance also to the infant, and especially to infants born in a feeble state, to allow the circulation in the umbilical chord to cease spontaneously before a ligature be applied. Doctor Osborne, apparently anxious to extend Mr. White's doctrine, advises the expulsion of the body of the fœtus to be retarded by the accoucheur in order to secure a more perfect contraction of the uterus. Such practice appears to me unnecessary, unless where the uterus shews a tendency to imperfect action in expelling the fœtus. In such cases there is danger that the same imperfection may extend to the expulsion of the secundines, and there can be no doubt of the propriety of the practice recommended by Doctor Osborne. I have been for some years in the habit, not only of retarding the expulsion of the fœtus in these cases, but, with a hand on the abdomen, of pursuing the fundus uteri in its contractions, until the fœtus be entirely expelled, and afterwards of continuing this pressure, to keep it if possible in a contracted state. Such pressure also tends to prevent syncope, which sometimes follows the sudden evacuation of the uterus, and consequent removal of pressure from the abdominal cavity. Labours conducted in this manner, will be less liable to be followed by retentions of the placenta, by uterine hæmorrhage and by af-

ter pains. In short, the *safety* and *speedy recovery* of a puerperal woman is most intimately connected with the gradual and perfect contraction of the uterus. Regardless of this important maxim, women, sympathising strongly with their sex under pain, can hardly be prevented from attempting to give assistance, and timid professional men, afraid to oppose vulgar and deep-rooted prejudice, are too often induced to adopt this pernicious and destructive practice. It affords me pleasure to have an opportunity of entering my protest against it, and once more of soliciting the reader's attention to the fifth chapter of Mr. Charles White's treatise on the management of pregnant and lying-in women. After describing his practice, he says "In this manner I have proceeded for several years, and can with satisfaction declare, that in natural labours I have never had occasion for the manual extraction of the placenta, nor have I ever been detained an hour by it; nor have I had occasion for the use of opiates to relieve after pains, which have generally been so trifling as not to deserve notice." Although my experience does not authorise such unqualified assertion, it does not fall far short of it. In 10,387 cases in the Dublin Lying-in Hospital, only 21 had retentions of the placenta, requiring manual extraction, that is about one in 494; calculating this event then at the rate of about one in 500, there are many practitioners who ought not to meet it above once or twice in

the course of their lives. Every man's recollection must enable him to say whether such events have occurred to him in greater or less proportion. On the subject of after pains, truth obliges me to acknowledge, there are some constitutions who suffer much from them in spite of the strictest observance of every measure hitherto proposed for their prevention. Women of an irritable fibre, more especially if subject to painful menstruation, appear to suffer most. A very brisk purgative given a few hours after delivery, has afforded relief to a few of my patients where repeated opiates, joined to the warmest aromatics, have failed to produce the desired effect.

Labours are rendered *tedious* either by causes weakening the expelling powers of the mother, or increasing resistance to the passage of the fœtus. Since it became usual to keep women in labour in a cool atmosphere, to prevent them making voluntary exertions during the dilatation of the os tincæ, and to support them by mild instead of stimulating nourishment and medicines, the powers of the constitution fail but seldom in expelling the fœtus, where there is no material defect in the formation of the pelvis. I mean where the *defect* from pubes to sacrum does not exceed half or three quarters of an inch. The practice of modern hospitals has sufficiently evinced the truth of this assertion.—It is certain that a labour really tedious, under the best management, is not without danger both to

mother and child ; I am however fully convinced that this danger is seldom lessened by the common expedient of extracting instruments. Under this conviction, forceps were used in fourteen cases only in our hospital, and in some of these cases I yielded my own opinion to the sanguine expectations of my assistants. Cases of convulsions excepted I have rarely had reason to be well pleased with the effects of extracting instruments and not unfrequently have I had much reason to deprecate their evil consequences. Wherever labour is protracted to a dangerous length by unusual resistances, there is nothing but mischief to be expected from their application ; but where the expelling powers are impaired by debilitating diseases, the interposition of an artificial extracting power is more rational and justifiable. Let it be remembered that in the hospital such means were employed in one of 728 cases, and in private practice, it is so long since I have had occasion to use, or even to think of using them, that I am persuaded a fair opportunity of applying forceps with good effect will not occur to a rational practitioner in one of a thousand cases. The proportion of women who died in the hospital of tedious labour is great, viz. about one to seven ; but it deserves consideration that some of these were admitted in bad health, before labour came on ; some were sent in after ignorant attendants had failed in attempts to deliver them ; and several died during the pre-

valence of two puerperal epidemics, of which the reader may find some account in the Edinburgh Medical Commentaries.* I am but little inclined to attribute the fatality attending such cases to a want of aid from forceps, as *one-half* of the fourteen women delivered by that instrument *died*, and an equal number of the fœtuses were *still-born*. It is possible that I may not possess all the dexterity, which some have in the application of extracting instruments ; and that I may have been sometimes too late in having recourse to them.— All I have to urge in justification of myself, is that few have had greater opportunities of practice in so short a space of time ;† that I have always observed instruments to be most easily applied where least necessary ; and that my experience of them was acquired in an *an Hospital*, in a situation where I felt myself totally uninfluenced by any existing prejudices, and where the only object I had in view was to discharge my duty conscientiously between mother and child.

Laborious Parturitions are chiefly occasioned by extraordinary resistance to the passage of the fœtus's head, in consequence of the bones of the mother's pelvis being distorted. Where instead of a space of four inches and a half from sacrum to pubes, the distance is only three and a half, or three iinches or less, a violent struggle ensues dur-

* Vol. 5. Decade 11.--† This was written A. D. 1793.

ing labour. The head of the fœtus is strongly compressed between these bones, often obstructing the discharge of urine, and when urged by strong efforts for six or eight hours against the same spot, without either advancing or receding, the inferior part of the bladder and the urethra near to it come to be in danger of inflammation and consequent mortification. Doctor Osborne has laudably endeavoured to ascertain the least dimensions of a pelvis through which a full grown fœtus can pass living, and he states 2 3-4ths. of an inch, as that through which it is impossible for it to pass alive. Having examined by dissection the bodies of many women, who died after tedious and laborious labours, I am enabled to state with some confidence, that 3 inches and a quarter from pubes to sacrum, is the least diameter through which I have known a full grown fœtus, to pass *entire,* but it was a very putrid fœtus, consequently the *head was* soft and pliable. In most laborious cases, the pelvis measures about 3 inches from pubes to sacrum, generally speaking rather *more* than *less*— 2 3-8ths. of an inch was the most defective diameter that occurred to me in the course of our dissections. Under the best management, and where an accoucheur does his duty *conscientiously* towards the fœtus, a laborious parturition is attended with great danger to the mother. Our hospital abstract shews that one in three died; but as I had occasion to remark of tedious cases, we frequently

received our patients after having suffered greatly by mismanagement ; and it is now well ascertained, that much of the success of the latter part of a severe labour, depends on the right management of its first stages. When a pelvis measures less than three inches from pubes to sacrum, I am of opinion that it is good practice to perforate the head of the fœtus at an early period of labour, and afterwards to leave it for some hours to be forced into the pelvis by pains, before any attempt is made to extract it by crotchet. But a practitioner ought to be very confident in his own accuracy and judgment before he ventures upon this practice, as I fear nothing but long experience can enable any man to measure the diameter of a pelvis with sufficient precision. Under this division of labours, I cannot help remarking the goodness of Providence to the female sex ; forty nine bad pelvises * in above 10,000 cases, is surely a very small proportion ; nor can I conclude it without adding that at the beginning of every labour, likely, to be tedious, it is of great importance to give a laxative medicine, which may operate three or four times, before the head becomes wedged in the pelvis so as to obstruct the passage of the rectum and bladder.

* A few cases should be added to these from the Preternatural Labours.

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Preternatural Labours.

In *footling* cases, the safety of the fœtus depends very much on allowing the dilatation of the os tincœ to go on naturally and without interruption until it is completed. In such cases there can be no necessity to interfere in expediting delivery until the breech of the fœtus is expelled to the os externum when the circulation in the umbilical chord comes to be in danger of interruption. The body and head of the fœtus will always be found to pass, in well formed women, with facility in proportion to the previous dilatation of the soft parts.

Breech presentations were always, by my direction, left to the efforts of nature, except where the pelvis was evidently defective in its dimensions. It is a position less hazardous to the life of the fœtus than the former. The circumstance of four women dying in the hospital who had breech presentations, was accidental, and by no means the consequence of any disease induced by the position of the fœtus.

In *cross* presentations, our practice in the hospital must appear unsuccessful, but much of this is to be attributed to injudicious attempts to turn, and sometimes to pull away, the fœtus by the presenting arm before the admission of the patient.

Midwifes in this city and its environs, are in general, ignorant, self-sufficient, and prone to drunkenness. I have no doubt they destroy many of those entrusted to their care; nor have we any law, either to prohibit or punish them; I have good reason to think that three of the six patients who died of cross births, fell a sacrifice to their ignorance by lacerations of the vagina. No instance of the spontaneous evolution of the fœtus, in cross presentations, as described by Denman occurred in the hospital, one excepted, of which I am not altogether certain. One of my assistants in the hospital was sent for in the middle of the night, by the attending midwife, to turn a child; when he arrived in a few minutes after, he found the breech in the passage. Whether the midwife was correct in her examination and report I cannot pretend to determine. In two instances fœtuses nearly full grown and putrid were expelled double, when on the authority of Denman, I expected the breech to come foremost; both however were cases much mismanaged in the commencement. Among the lower orders of women in this city many of such mismanaged cases occur, and I have lately heard of several patients who lost their lives by practitioners of good repute insisting on turning the fœtus, although evidently putrid. Would not a better chance be afforded to patients so situated, by perforating the thorax or abdomen so as to lessen their bulk? By the aid

of crotchet or blunt hooke, the breech of the fœtus may be brought into the pelvis, when no probability of its expulsion by spontaneous evolution should appear.

For further information on this subject, I refer the reader to a short essay in the 40th number of the London medical and physical journal, by Dr. John Sims, and a letter from me to him which appeared in the 45th number of the same work.

In preternatural presentations of every species, where the mother's pelvis is very defective in its dimensions, it is well known that the head of the fœtus requires to be perforated behind one or both ears. In a few cases after having performed this operation in the most effectual manner, I found a great deal of force requisite to bring the head away; more indeed than appeared to me consistent with the mother's safety. In such cases Osborne's doctrine of early perforation, and leaving the head to soften by putrefaction, and to be forced low down by labour pains, is admirable; and I am happy in embracing this opportunity of publicly bearing testimony to its merits.

Uterine Hæmorrhages.

During the last quarter of pregnancy, this complication of labour is dangerous both to mother

and child. In Lying-in-Hospitals, I suspect that these diseases do not occur in the ordinary proportion, because it is notorious among women, that under such complaints, rest and a horizontal position are absolutely necessary; and therefore, patients so situated, are afraid to leave their own habitations to go to an hospital.

Of the *twenty four* cases of hæmorrhage recorded in our registry, *fourteen* happened before, and *ten* after delivery. Of the former, *four* originated from some portion of the placenta presenting near to the os tincœ, and consequently *ten*, from some accidental separation of a portion of the placenta from the uterus, when attached to its fundus or sides.

Mr. Rigby of Norwich, the first English writer who clearly established this distinction between uterine hæmorrhages, denominates the former, *hæmorrhage from unavoidable cause*, and the latter, *from accidental cause*. Of *eighty five* cases of hæmorrhage, which preceded the delivery of the full grown fœtus, Mr. Rigby found that *thirty four* proceeded from unavoidable cause, and *fifty one* from accidental cause. He endeavours to prove that these two species of hæmorrhage require nearly opposite treatment; that in the first *manual* extraction of the fœtus by the feet, or forced delivery, is absolutely necessary to save the life of

the mother; and that in the second species, such practice is never requisite; that the first is an occurrence of great danger, he having lost *nine* of the *thirty four* cases he records, and that the second is of little danger, he not having lost one of those proceeding from accidental cause; nor did he think it necessary in a single instance to force delivery. This was Mr. Rigby's doctrine in the first edition of his invaluable work—in later editions, he has with much candour admitted, that aid may be necessary in hæmorrhage from accidental cause, although in his third edition he adds, "I have never yet met with a case." page 70.

Of the *four* placenta presentations which occurred in the hospital, *one* was a case of first pregnancy, one occurred in the 6th, and one in the 8th month; another had a defective pelvis, and consequently the head of the fœtus was perforated—the mother recovered—in the three first mentioned cases, labour was forced, and *one* died, viz. the patient in her first pregnancy.

Of the *ten* cases from accidental cause, *four* had delivery forced, *one* died. *One* had a defective pelvis, the head of the fœtus was perforated, the mother died.

One had a cross presentation, the fœtus was turned, and the mother *died.*

Two had the membranes ruptured at an early stage of labour, both *recovered.*

Two were left entirely to the efforts of Nature, and *one died.*

Hence it is evident, that of the *ten* cases of uterine hæmorrhage from accidental cause, *four* proved fatal under very different modes of treatment. This result is entirely at variance with Mr. Rigby's experience.

It is a remarkable fact, that of the twenty four cases of uterine hæmorrhage recorded in our Registry, there is not one case of twins; and only five cases of first pregnancy, two occurring before, and three after delivery.

The proportion of hæmorrhages that proved alarming after delivery, is very trifling, not more than *one* in a *thousand.* This I am inclined to attribute to our patients being kept very cool during labour, to the prevention of voluntary exertions during the dilatation of the os tincœ; and to the disuse of cordials. Not one case of hæmorrhage after delivery proved fatal.

Convulsions.

Of *nineteen* cases of this disease, *fifteen* occurred to patients carrying single children, *four* to those

carrying twins. *Thirteen* of the former happened before delivery, and two only after it.

Of the above *thirteen*,

Six were delivered by perforater and crotchet, (in one of them the umbilical chord was prolapsed.) All recovered.

Two were delivered by Forceps, *one* died.

Five were trusted to nature, and all recovered.

One died of a fit after delivery.

Of the Four Twin cases.

One was delivered by forceps and died.

Three were left to the efforts of Nature, of whom *one* died.

Of the whole number affected by this formidable disease, sixteen were cases of first pregnancy; and hence we may remark two striking differences between uterine hæmorrhages and convulsions. The former occur seldom in cases of first pregnancy, or of twins; the latter often, and with very serious effects. One general principle directed our conduct in the treatment of both diseases, viz. to trust to Nature's efforts un-

til the patient's life appeared to be endangered by the continuance of the disease, and then to interfere in the speediest and safest manner to effect delivery. This will account for our frequent use of the crotchet in the treatment of convulsions. By looking into the cases of this disease on record, I observed that where the operation of turning a child was employed to expedite delivery, the event in general has been less successful, probably owing to the great irritation excited by it; and therefore, where the forceps or lever cannot be safely applied, the perforator and crotchet seem fairly indicated. After many fair trials of the medicines recommended to counteract this disease before delivery, I must own I have no great confidence in their powers—venæsection freely employed is in a few cases useful by *diminishing plethora*, and in all cases it tends to prevent the bad effects of blood accumulated in the brain by repeated paroxysms. Acrid purgative glysters produce good effects, and especially by their tendency to excite labour pains. From opium I have never been able to perceive the slightest advantage, except in checking the recurrence of paroxysms after delivery.

The loss of one in five patients, attacked by this malady, will, I flatter myself, be deemed moderate by those who have most extensive opportunity of seeing it.

Where a number of paroxysims precede and follow delivery, *insanity* is a common consequence, and sometimes continues for many weeks, so as to excite great apprehensions in the minds of the patient's relatives. I have never been wrong in prognosticating a favourable termination, one case excepted, which proved fatal.

Three of the four patients who died of convulsions lingered only a few hours.

Retentions of the Placenta.

This occurrence is less frequent now than formerly, for reasons already assigned. * It is somewhat remarkable, that of the *twenty one* cases in our Registry, *twelve* were cases of first pregnancy; and not one happened to any woman carrying twins. Of the four who died, *three* bore first children. Seven were accompanied with flooding, of which *one* died.

In general we waited from *two* to *twenty four* hours after the delivery of the child, and seldom interfered till some symptoms of danger arose, and *especially* during the first two or three years of my mastership. † In five cases I observe the uterus

* Vide remarks on Ordinary Natural Labours.

† Master is the title of the Physician, to whose care this Hospital is entrusted, for a period not exceeding seven years.

is remarked to have been contracted by spasm in its middle, and thus to have given rise to retention.

There are few subjects on which the opinions of writers and practitioners are more divided than on the management of retentions of the placenta. Much may be said both for and against the early manual extraction of it; for my own part, I am now fully satisfied, that after waiting two hours, and using such gentle means as are commonly employed to promote its expulsion without effect, little is to be expected from the efforts of Nature; and that the patient has the best chance of recovery from a prudent interposition of Art.

Where the retention is occasioned by a want of contractile power in the uterus, the object of a prudent practitioner in introducing his hand, ought to be to excite the womb to action, by gently stimulating it, and thus to procure the *expulsion* of the secunderies, instead of *forcibly extracting* them. A great deal of time therefore should be employed in this operation, and especially where there is no alarming hæmorrhage.

Where again the placenta is retained by spasm affecting the middle of the uterus, a moderate exertion may be made by introducing the hand to overcome this, and if a greater force be required than is consistent with the patient's safety, it may

be advisable to suspend the operation, to give a large dose of opium, and to renew our efforts when this medicine shall have begun to produce its *anodyne* effects. This expedient I recommend on the authority of writers, never having found it necessary in my own practice.

When the placenta is retained by morbid adhesion to the uterus, I am unable to advise what is best to be done; much must be determined by circumstances, and fortunately for the female sex and their attendants, it is a very rare occurrence.

Of Lacerations and Gangrene of Urethra and Bladder.

These are among the most unfortunate consequences of severe labour which I have met with, and it affords me great consolation to reflect that they occurred only in the proportion of one in two thousand patients and these all cases of first pregnancy.

The notes in our registry, concerning these cases, I shall transcribe:

A. B. delivered of a boy dead and putrid, was fifty hours in labour, although the os uteri was not entirely obliterated more than twelve hours before delivery. Inability to retain urine came on

the second day. On introducing a catheter into the bladder, some days after, and passing a finger under the urethra an aperture was discovered about an inch and a half from its orifice, which also extended to the inferior part of the bladder.

C. D. delivered of a boy dead and putrid, was seventy-two hours in labour, after some days, inability to retain urine supervened suddenly, and on examining as above, a large aperture was discovered in the bladder and urethra—the perinœum was also lacerated.

E. F. After thirty hours labour was delivered by forceps, on account of severe pressure on the same part of the urethra for six hours. On the twenty-third day after delivery, a large portion of membrane was discharged from the vagina, preceded and followed by an involuntary discharge of urine. On examination as in first case, a large aperture was discovered in the inferior part of the bladder. The child died on the second day after delivery.

G. H. After twenty-six hours labour, was delivered of a boy dead and putrid. Involuntary discharge of urine ever since delivery. On examination, the urethra was found lacerated to a great extent. The head of the fœtus in this case was protruded at the os externum, without any assistance whatever.

J. K. After sixty hours labour, os uteri was not entirely obliterated. The head of the fœtus was perforated and cautiously extracted. On the 10th day after delivery, some inability to retain urine came on. An aperture in the urethra and bladder was discovered by examination, as in the foregoing cases.

I have been induced thus to sketch a short outline of *five* melancholy cases, to shew the reader that these events happen to patients under very different circumstances and modes of treatment. Nothing astonished me more than to find the bladder injured where the uterus lay between it and the child's head during the whole period of labour, as in the case last recited.

In no instance did the pressure, which proved destructive to the urethra and bladder, become fatal to the mother. Such occurrences after delivery deprive the patient irremediably of all worldly enjoyment. The urine dripping through the lacerated or mortified parts, excites inflammation and great tenderness in the vagina; the patient acquires a putrid urinous smell, which renders her loathsome to herself and others; she becomes unable to stand or walk with any comfort, and in this state drags on a miserable existence, obliged to confine herself very much to a sitting or horizontal position.

The only effectual mode of preventing such occurrences is, by having early recourse to the perforater and crotchet; but whether any thing, which does not actually endanger the life of the mother, can justify such an operation, I am unwilling to attempt to determine. Unfortunately the effects of pressure on different constitutions are so extremely different, that we can never, with any certainty pretend to say whether dangerous inflammation will ensue. There will be always much reason to apprehend bad effects, when the head of the fœtus presses firmly against the same spot for six hours without advancing or receding, and when at the same time the catheter cannot be passed into the bladder.

I deem it unnecessary to take up time in treating of modes of curing this disease, as I fear none are yet discovered.* By frequent washing, the use of Peruvian bark, sea-bathing, and wearing a large soft sponge to the os externum to absorb the urine, some relief may be afforded; by time also the apertures may contract somewhat in some instances by the growth of fungus, but no instance of a perfect cure has come within my knowledge.

* Mr. Barnes, of Exeter, has related a case of this disease successfully treated, in the sixth Volume of the Medico-Chirurgical Transactions of London, Page 583. His observations on this subject are exceedingly interesting, and his practice worthy of imitation.

How cautious then should practitioners be in cases where they are in danger of entailing incurable misery on their employers! When it arises from the laudable motive of saving an infant's life, much may be said in extenuation; but when it proeeeds from a hasty and injudicious application of extracting instruments, as I have sometimes known, among the middling and lower orders of women, it is a crime deserving of the most serious reprehension.

Of Lacerations of the Vagina and Uterus.

Since the publications of Doctor Douglas of London, in the year 1784; of Mr. Goldson in 1786, and of Doctor Garthshore in the year 1787, the subject of lacerations in vagina and in utero has been greatly elucidated. As such accidents are rare, I shall first give a short account of such cases as occurred in the Hospital, and sbbjoin a few general remarks:

A. B. admitted on the 30th of March, 1787, at two o'clock, P. M. the membranes ruptured and some smart labour pains ensued, which soon went off. Next day at ten o'clock, A. M. I saw her; the head of the fœtus had entered the pelvis so far that its vertex was nearly on a line with the arch of the pubes. The patient vomited a good deal,

and her pulse was frequent and rather low. I ordered her wine whey ad libitum. She died suddenly in about three hours afterwards.

On opening the abdomen next day, some foul air rushed out followed by a quantity of red serum—a large putrid fœtus was soon discovered among the intestines, which bore marks of inflammation on many parts. The vagina was found extensively lacerated in its anterior part near to its union with the os tincœ. The bladder was entire. There was a small round aperture on the posterior part of the vagina, opposite to the projection of the sacrum; this pelvis measured three and a half inches from sacrum to pubes and was deficient in every dimension.

This was the only patient who died undelivered during my mastership, and as it happened at a period when a good deal of consternation prevailed on account of puerperal fever, I suspected the midwife gave an imperfect report of the case.

C. D. Admitted and delivered on the 12th of April, 1788, of a ninth child, a boy dead. The right arm and shoulder protruded at the os externum. In attempting to turn the fœtus, I found the resistance to my efforts much less than it was reasonable to expect. At the end of thirty hours, and after much severe vomitting, she died. This patient had been under the care of two midwives

for twenty four hours before admission into the Hospital. On opening the abdomen, marks of general inflammation, many clots of blood and much red serum, were found in the abdominal cavity, there was a great laceration of the anterior part of the vagina from the uterus—bladder entire —pelvis of ordinary size.

E. F. Admitted on the 6th of November, 1788, had strong labour pains till three o'clock, P. M. on the 7th, when a vomiting, with soreness of abdomen and some menorrhagia came on—her pains abated and she got some sleep, which prevented the midwife for some hours from sending for assistance. She awoke with hiccup, her pulse became small and frequent, and the head of the fœtus retracted somewhat. This was her second child.—As the head of the fœtus was out of the reach of the forceps, it was turned and brought footling with some difficulty through the pelvis. The head could not be got away without perforation, and in doing this, Doctor Evory, then my assistant, was very apprehensive of injuring the intestines which he thought he felt in the vagina. After suffering a great deal from diarrhœa, pains in and round the pelvis, hectic flushings, &c. she was dismissed valetudinary at the end of a month, and was seen twelvemonths after selling milk about the streets.

On the day of this patient's illness I had suffer-

ed so much from fatigue and anxiety of mind, that I was unable to interfere further than by requesting she might be speedily delivered, as her life appeared to me in imminent danger.

G. H. Admitted on the 18th of December, 1789—six hours after the rupture of the membranes, in her 7th pregnancy, as she was lying down on a couch she heard a crack within her—the labour pains abated, and she felt her child rise high in the abdomen—she complained immediately of pains in the hypochondria, and some uterine hemorrhage came on. Some hours after these events, which happened in the middle of the night, her pulse was frequent and indistinct; the expression of her countenance wild and full of agony. On examining the position of the head of the fœtus to ascertain whether forceps could be applied, it instantly receded into the cavity of the abdomen, through a rupture on the posterior part of vagina. I followed it immediately, and extracted the fœtus footling through the ruptured parts: a portion of the omentum protruded at the os externum, the placenta was easily extracted from the abdominal cavity—she *died* in twenty hours after delivery.

I. K. Admitted on the 13th of July, and delivered on the 14th, after the membranes ruptured, an arm presented, it was her fourth pregnancy.—

No great force was required to bring down the feet. The patient died four hours after delivery, and on inspecting the abdomen, the anterior part of the vagina was found lacerated entirely across from one side of the pelvis to the other, from pubes to sacrum this pelvis measured three inches and a half.

L. M. Admitted on the 11th of February, 1791, in her eighth pregnancy, with symptoms of laceration in the vagina or uterus. No part of the fœtus could be felt presenting. This patient reported that a midwife had used many efforts to bring down an arm before she left home. On introducing my hand, I found the anterior part of the vagina widely lacerated, with the fœtus and placenta in the abdominal cavity—both were easily extracted through the ruptured parts, so that the pelvis was well formed in this case. This patient died in 24 hours after delivery.

N. O. Admitted on the 18th of October, 1791, a fourth pregnancy—after twenty-four hours, a sudden cessation of labour, with some uterine hæmorrhage and retraction of the head, supervened. The pulse and respiration became hurried, and the abdomen sore to the touch. A putrid fœtus was extracted by turning without much difficulty. The patient died in twenty-four hours after delivery, and on opening the abdomen, the vagina was found lacerated to a great extent on its anterior

part. The pelvis from pubes to sacrum measured somewhat under three inches.

P. Q. Admitted on the 20th of March, a third pregnancy. After five hours labour with the head presenting, symptoms of laceration in the vagina or uterus supervened. In an hour after, the fœtus was extracted footling through the ruptured parts; she died in a few hours. On opening the abdomen, the vagina was found to be lacerated almost entirely from the anterior part of the os tincœ. I regret that no notice was taken of the dimensions of the pelvis.

A survey of these eight cases, will shew that the anterior part of the vagina, near to its connection with the os tincœ, is the part most apt to give way on certain extraordinary efforts whether of Nature or Art.

Not only from these, but various other cases, I am strongly inclined to think that Mr. Goldson is right in alledging most of the cases, described by writers as ruptured uteri, to be really lacerations of the vagina. Previous to the publication of Mr. Goldson's pamphlet, I thought I had seen two cases of ruptured uterus; as the limit, however, between the vagina and uterus, immediately after delivery, is but indistinctly marked, subsequent observations incline me to think I may have

been mistaken.* Generally where there is no mismanagement, lacerations of the vagina are incident to cases of narrow pelvis, the efforts to overcome unusual resistance, occasionally prove fatal.

We are indebted to Dr. Douglas, for instructing us in the easiest manner of effecting delivery in cases of lacerated vagina or uterus, viz. by extracting the fœtus footling through the ruptured parts. This surely, is a much more natural project than the cesarean section which has been proposed by many writers. Nor can I agree with Dr.Garthshore in his proposal of leaving the fœtus, in certain cases in the abdominal cavity, rather than extract it through the ruptured parts. The cases cited by him, of women surviving such accidents, happened at periods when midwifery was but little understood, and therefore appear to me of very questionable authority; but let us admit the fact, and suppose a patient to survive the escape of the fœtus and placenta into the cavity of the abdomen, through a laceration in vagina. Life surely must prove burthensome in the extreme to such a patient, besides that she will probably

* During my friend Doctor Evory's mastership, I saw in the Lying-in-Hospital, one very interesting case of rupture at an angle of the uterus, near to the insertion of one of the *Fallopian* tubes. The ovum was found entire in the abdominal cavity, containing liquor amnii, a fœtus nearly full grown, &c.

have afterwards to undergo the painful process of Nature expelling such fœtus as she commonly gets rid of extra uterine productions. It must be allowed that under the very best management, lacerations of the vagina generally prove fatal, and especially if the fœtus gets into the abdominal cavity. All we can say is, that there is a possibility of recovery; we have unquestionable evidence of two successful cases, one under Dr. Hamilton of Edinburgh, the other under Dr. Douglas of London. To these I think we may venture to add the case of our patient E. F.* The Dublin medical and physical essays, vol. 1. p. 348, supply us with a well authenticated case of recovery, by my friend Dr. Labatt. Much of our success must undoubtedly depend on a speedy delivery after the accident happens, as Dr. Douglas has clearly proved that dangerous peritonial inflammation will soon succeed to the fœtus getting among the irritable abdominal viscera.

Although I have ventured with some freedom to state the results of my observations and judgment on this doubtful topic, I am by no means inclined to think our experience yet sufficient to enable us to come to a positive decision; and I am the more inclined to doubt, when I recollect that I have ventured to differ in opinion from a writer of the late Dr. Garthshore's experience and acknowledged abilities.

* Page 392.

Of Prolapsus of the Umbilical Chord, and Varieties of Natural Labour.

I do not believe that all the occurrences of this nature in our hospital, are recorded in our registry; being seldom of such importance as to require either my aid, or that of my assistant, they were more likely to be forgotten. The events of such as are noticed, are fairly stated.

It appears that one in four children survive the prolapsed chord, although I have seldom found it practicable to afford any effectual assistance to the fœtus, by any of the measures commonly recommended for replacing the prolapsed funis.

From the result of the fontanelle and face presentations, it is evident that writers err in classing them always under tedious and laborious parturitions; it is but seldom that they give rise to either.

Were I inclined to be prolix, much might be here added on the subject of the mortality of lying-in-women and their children; on the different degrees of danger to women bearing single children and twins; on the difference between the mortality of male and female infants, and the cau-

ses of it: &c. but having elsewhere * treated of these subjects at some length, I think it better to refer the reader to the original essay, a copy of which may be also found in the 9th volume of the London Medical Journal.

The following is an attempt at a list of the diseases which proved fatal to our patients; which may gratify the curiosity of some of my readers.

Died.		Died.	
32	Of Peritonitis.	92	
21	Synochus & typhus.	3	Vagina ruptured by efforts of art.
15	Hectic fever.	3	Atrophia.
6	Phthisis Pulmonalis.	3	Grief apparently.
3	Pneumonia.	1	Hemiplegia.
2	Hydro-thorax.	1	Enlarged ovarium containing hair, sebaceous matter, &c.
5	Uterine Hæmorrhage.		
4	Convulsions.	1	Ileus.
4	Vagina ruptured by efforts of nature.	21	Anomalous Disease.
92		125	

Of these, 34 were opened after death, and 56 were cases of first pregnancy.

* Philosophical Transaction, part II. for 1786.

AN ABSTRACT

Of the Registry kept in the Lying-in-Hospital of Dublin, from the 1st of January, 1787, till the 1st of October, 1793, being a period of Six Years and Nine Months.

Of 10,387 Women delivered, 10,199 were Uniparous---184 had Twins---3 had 3 Children---and one had 4.

By the terms Natural Labour, we mean all those in which the head of the fœtus presents at the os uteri. By preternatural, we mean all those in which any other part of the fœtus than the head presents.

By *Ordinary* Natural Labour, we mean all those which terminate within 24 hours after os uteri begins to dilate freely.

By *Tedious* Natural Labour, we mean such as exceed 24 hours in duration, but where there is no such disproportion between the head of the fœtus and the mother s pelvis, as to render destructive instruments necessary.

By *Laborious* Natural Labour, we mean such as are protracted beyond 24 hours, and where the disproportion between the head of the fœtus and the pelvis is so great that it becomes necessary to diminish the bulk of the former to save the life of the latter.

The terms Footling, Breech, and Cross, we use in the common acceptation.

LABOURS OF UNIPAROUS.

	NATURAL.						PRETERNATURAL.										
	Ordinary.		Tedious.		Laborious		Footling.		Breech.		Cross.		TOTALS.				
No. of women	9748		134		49		184		61		48		10,199				
dead.	71		21		16		1		4		6		199 or nearly one in 86				
	Males.	Femls.	M.	F	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.		
Children still born.	170	170	26	15	32	16	36	21	8	10	20	13	538	293	245	one to 19	
Ditto dead.	186	164	5	3			5	0	0	3	2	0	368	198	170	one to 28	
	Forceps. 2		Forceps. 12														

Tedious Labours,.....1 to 70
Forceps used 14 times, 1 to 728
Laborious Labours,... 1 to 208
Preternatural ditto,... 1 to 40
Tedious, Laborious, and Preternatural, to the whole. } 1 to 23

Complications of Labour.

24 Cases of uterine hæmorrhage. 14 before, 10 after delivery.—In four cases, some portion of Placenta presented—One of these only died.

5 Mothers died.

10 Children still born. Some of them premature.

21 Cases of Retention of Placenta, requiring manual extraction---Seven accompanied with uterine hæmorrhage.

4 Died.

19 Cases of Convulsions. 17 before delivery. 16 were cases of first pregnancy. 3 were delivered by forceps, and six by crotchet.

6 Mothers died.

10 Children still born.

5 Cases of Laceration or gangrene of urethra and neck of Bladder, with involuntary discharge of urine.

None of the Mothers died.

One child was born living by the aid of forceps.

5 Cases of Laceration of vagina, by efforts of Nature.

3 Do. Do. Do. Art.

One only survived.

66 Cases of umbilical chord prolapsed before the presenting part.

17 Infants were born living.

Varieties of Natural Labour, i. e. where any other part than the vertex of head presents.

17 Fontanelle presentations recorded.
2 Of which were tedious.
1 Laborious.

44 Face Presentations.
2 Of which proved Laborious.

LABOURS

OF THOSE WHO BORE TWINS.

			Still born.		*Deaa.*	
Women	Males	Females	Males	Females	Males	Females
184	168	200	21	22	10	15

Women having Twins,		1 to 56	1 half.
Women dead, -	6	1 to 30.	
Children still born,	43	1 to 8	1 half.
Do. Dead,	25	nearly 1 to 15.	

N. B. 47 had two Males.
66 had two Females.
71 had Male and Female.

Presentations of some of these Cases.

Head and feet.	Both Natural.	Feet and head.
25	16	10

Breech and head.	Both footling.	Both breech.
6	3	2

Breech and feet.
1

Forceps used Once.

MEDICAL REPORT

OF THE

FEVER HOSPITAL

IN

CORK STREET, DUBLIN,

FOR THE YEAR

1814.

BY

JOHN O'BRIEN, M. D.

FELLOW OF THE KING'S AND QUEEN'S COL
OF PHYSICIANS IN IRELAND.

THE chief object of this institution being t
minution and extinction of contagious fever,
has been the greatest scourge of this Met
for a series of years; it is much to be lam
that certain uncontrollable causes of a physic
moral nature, continually tend to countera
consequences originally expected from it, an
der its *apparent* effects by no means com
rate with its real utility. This will appea
an account of the admissions for the last
years which is extracted from the register.